

# memorandum

DATE: April 20,2006

REPLY TO

ATTN OF: AD-442:Bost

SUBJECT: **LEAVE DONATION SOLICITATION FOR FAYE L. LONG**

TO: All ORO, OSTI, PNSO, and TJSO Employees

Ms. Faye L. Long, Petroleum Technology Management Division, National Energy Technology Laboratory (NETL), has been approved as a leave recipient under the Voluntary Leave Transfer Program.

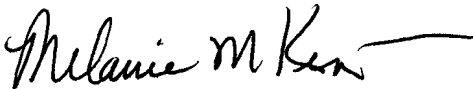
Ms. Long has exhausted all of her sick and annual leave due to a seizure disorder.

Employees who wish to donate earned annual leave to Ms. Long may do so by completing the attached Leave Donation Form. The completed form should be forwarded to NETL's Payroll Liaison Officer, Janet Loncharich, at **MIS 921-210**. **Note:** If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Human Resources Specialist.

  
Melanie M. Kent, Chief  
Federal Human Resources Branch

Attachment

U.S. DEPARTMENT OF ENERGY  
LEAVE DONATION  
(Submit completed and signed original form to your timekeeper)

Donor's Name (Last, First, M.I.)	SSN	Donor's Organization
Recipient's Name Faye Long	Recipient's Organization NETL, Strategic Center for Natural Gas & Oil, Office of Petroleum, Petroleum Technology Management Division	
For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office		
I hereby authorize the transfer of _____ hours of my annual leave to the above named leave recipient. I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.  _____ Donor's Signature _____ Date  <input type="checkbox"/> Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account.)		
FOR PAYROLL USE		
_____ hours of leave has been deducted from donor's account.	Name of Payroll Clerk	FTS Phone No.
_____ Signature of Payroll Clerk _____ Date		
_____ hours of leave has been credited to recipient's account	Name of Payroll Clerk	FTS Phone No.
_____ Signature of Payroll Clerk _____ Date		
Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.  _____ Chief of Payroll _____ Date		
Privacy Act Statement  5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.		